

## Editorial

**Norman Goldstein MD**

### How to Become the Positively Perfect Physician

The article on page 98 first appeared in *The New Physician* in November 1986, and is reproduced with permission of the author, Catherine Lee, and *The New Physician*. It was appropriate and timely when it first appeared, and remains just as timely.

Catherine Lee is a prolific writer, having served as a reporter-feature writer for the *St Louis Globe-Democrat* and as a health education writer for the Hawaii State Department of Health, the East-West Center, and the John A. Burns School of Medicine.

She has had articles published in *American Way*, *Modern Maturity*, *The Rotarian*, *Learning*, *Medical Economics*, and other local national publications. During World War II, she served with the American Red Cross in U.S. Hospitals in Australia and New Guinea.

Many thanks, Catherine, for sharing your insights into the Positively Perfect Physician.



## Letters to the Editor

### Optometrists Threaten Public Safety with Bill

A.A. Smyser's April 2 article, "Letting optometrists write prescriptions," does a great disservice to the public. Smyser condones giving optometrists, who have never gone to medical school, the right to treat nearly every eye disease treatable with drugs by legislative fiat rather than with the necessary education and training.

The public needs to know the truth about this bill since Smyser obviously was not apprised of its contents.

It is not [for] legislation to let nonmedical eye doctors treat itchy eyes and pink eyes with a few over-the-counter drugs. Optometrists want to treat every major eye disease treatable with topically applied eye drugs, for a starter. The "simple" diseases they want to treat include glaucoma, corneal ulcers, iritis, and keratitis. These are major eye diseases.

The drugs they wish to use include every major drug now used by fully trained medical eye specialists, ophthalmologists. In other states with prescriptive authority, optometrists are now heavily lobbying their legislators to allow them to use oral and injectable medications, including narcotics, and to perform laser surgery on patients.

Optometrists have testified that they will not ask to prescribe oral medications or controlled substances this year. But they have indicated that they intend to ask for those privileges in the future. So much for sincerity and goodwill.

Calvin M. Miura, MD, President  
Hawaii Ophthalmological Society  
(Honolulu Star-Bulletin, April 6, 1996:B3)

## President's Message

**Carl W. Lehman MD**

### The Need to Live Right, the Right to Die

"Lucky we live Hawaii," most of us would agree. With the honor of having the longest life span in the nation comes the reality of meeting the demands of an aging society. When the baby boomers reach age 65, the impact on health care, housing, transportation, economic and social structures will be enormous. As physicians who see the anguish of patients and loved ones dealing with terminal illness and disabling conditions, we know the importance of documenting instructions for end-of-life decisions.

In Hawaii, living will laws were enacted to assist physicians and families in the decision-making process when the patient is no longer able to communicate his or her choices regarding health care. Much credit can go to Dr Stephen Wallach and Jeffrey Crabtree, Esq, for their efforts in pushing for this 1991 legislation. Included in the thousands of living will booklets distributed by the medical society are living will samples as well as a checklist to specify whether food and water should be continued, withheld, or withdrawn. In 1992, legislation was passed which recognizes the right of an adult to appoint someone to make health care decisions on his or her behalf.

I believe the subject of living wills needs to be raised again: reminding those who didn't get around to signing a document to do so and to bring the issue before our younger physicians who may not be familiar with these laws. As advocates for our patient's well-being, we must discuss living wills with our patients and provide information regarding the importance of signing an advanced directive. Information regarding living wills is available at the HMA office.

Other issues that will affect our aging population are the need for adequate living facilities, long-term care and nursing insurance, streamlining entry into the long-term care system, and the need for maintaining independent living as long as possible are but a few issues currently being discussed at the HMA. The hospice concept also can be extended to well-planned and developed retirement communities and needs further discussion.

We must not confuse the issues of euthanasia and assisted suicide with the right to discontinue treatment. Physicians, who are entrusted with the living wills and directives of their patients, must provide assurance they will abide by these documents or recommend transfer to another physician. We need to keep in mind that patients are often fearful of becoming a burden to family or loved ones, and we must do what we can to relieve their anxiety. If we practice what we preach, we will also express our wishes to families and loved ones and sign a living will or declaration to make certain our colleagues have guidance regarding our personal directives.

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